CLAIMS AS FILED - PART   (Column 1)	PATENT APPLICATION FEE DETERMINATION RECORD  Application of Docket Number.											
Column 1	Substitute for Form PTO-875											
RATE   PEE   PRESENT ATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   PRESENT						olumn 2)	_	SMALL	ENTITY	OR		
BASIG FE   SQUITE	L		NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
TOTAL CLAMS (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 9)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 8)  (Column 8)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Colum									\$	OR	Risa	22.
MOZEPRIDENT CLAIMS			39	minus 20 = .		9	1	x \$ =		1	× 1 8 =	3112
### STATE   ADDITIONAL   FEE   A			MS 5	minus	3 = •	)	1			1	x . S . ( =	17)
*If the difference in column 1 is less than zero, enter "0" in column 2.  **CLAIMS AS AMENDED - PART II  **CLAIMS AS AMENDED						×	1				20	110
CLAIMS AS AMENDED - PART II											+5 <u>L</u> Y <u>L</u> =	10.004
CColumn 1)									L	UR	IOIAL?	K07
Column 1	CLAIMS AS AMENDED - PART II											
REMAINING		(Column 1) (Column 2)			(Column 3)		SMALL E	ENTITY	OR			
Column 1)		8/11/6	REMAINING AFTER	·	NUMBER PREVIOUSLY			RATE	TIONAL		RATE	TIONAL
Column 1)		Total (37 CFR 1.16(c))	. 49	Minus	<del>• • • • • • • • • • • • • • • • • • • </del>	2		x \$ =	1 6.1.	OB	, <i>50</i> ,	
Column 1)	EN	Independent (37 CFR 1.16(b))	- 5	Minus		=\					<u> </u>	
Column 1)	₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR				FR 1.16(d))	1					
CColumn 1)							1 1	TOTAL			TOTAL	8100
CLAIMS   REMAINING AFTER   ADDI-TIONAL   FEE			(0.1)					ADD'L FEE		OR	ADD'L FEE	# / UUIU U
REMAINING				<del>r</del> -		(Column 3)			<del></del>		<del></del>	
Column 1   Column 2   Column 3	. 1		REMAINING AFTER		NUMBER PREVIOUSLY			RATE	TIONAL		RATE	TIONAL
Column 1   Column 2   Column 3			•	Minus	**	2		x \$ =		OR	x s =	· · · · · · · · · · · · · · · · · · ·
Column 1   Column 2   Column 3		Independent (37 CFR 1.16(b))	•	Minus	***	=						
TOTAL   ADD'L FEE	AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))										
Column 1)								TOTAL			TOTAL	· · · · · · ·
CLAIMS REMAINING AFTER NUMBER PREVIOUSLY PRESENT EXTRA  Total (37 CFR 1.16(o))  Independent (37 CFR 1.16(b))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter "20"			(Caluman 4)		(0.1	(0.1 0)		NO 21 22	<b></b>	Oit	ADDETEL	
REMAINING AFTER ADDITIONAL FEE  Total (37 CFR 1.16(o))  Independent (37 CFR 1.16(b))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter "20"				'^		(Column 3)						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"			REMAINING AFTER		NUMBER PREVIOUSLY			RATE ·	TIONAL		RATE	TIONAL
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"			•	Minus	**	=		× \$=	·	OR	x \$=	
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"	A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$ =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"					.= -			TOTAL		OR .	TOTAL	
if the mylliest retailed Previously Paid For IN IHIS SPACE is less than 20, enter "20".	* If the entry in column 1 is less than the entry in column 2. write "0" in column 3.											
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	ł											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.